Division of Behavioral Health Opioid Update for Wednesday, August 9, 2017

The Iowa Department of Public Health (IDPH) offers the Opioid Update to share information about opioid use and Iowa's efforts to address the national opioid epidemic. Please feel free to submit topics to Julie Jones at julie.jones@idph.iowa.gov.

In this issue:

- Provider Spotlight
- Department Efforts
- Opioid News

Provider Spotlight

IDPH is introducing readers to Opioid Treatment Programs (OTPs) serving the State of Iowa. First, here's a little information on what an OTP is, as defined by SAMHSA:

In the United States, the treatment of opioid dependence with medications is governed by the <u>Certification of Opioid Treatment Programs</u>, 42 Code of Federal Regulations (<u>CFR</u>) 8. This regulation created a system to accredit and certify opioid treatment programs dispensing Methadone for an opioid use disorder. SAMHSA's Division of Pharmacologic Therapies (DPT), part of the SAMHSA Center for Substance Abuse Treatment (CSAT), oversees the certification of OTPs. OTPs must be certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body to dispense opioid treatment medications. All OTPs also must be licensed by the state in which they operate and must register with the Drug Enforcement Administration (DEA), through a local DEA office.

Cedar Valley Recovery Services

Cedar Valley Recovery Services, Inc. (CVRS) provides assessments, education and treatment options to individuals with substance abuse or substance dependence disorders. CVRS has two locations in Eastern Iowa, in Cedar Falls and in Marion.

This clinic believes that substance abusers and persons suffering from chemical dependency be given the opportunity to receive quality treatment and rehabilitative services, which will help them resume a socially acceptable and productive role in society.

The emphasis of CVRS is to encourage patients to reduce illegal drug use; reduce the risk of HIV/AIDS and other infectious diseases; eliminate all drugs as the patient stabilizes; and give the patient the opportunity and options to further their education and gain meaningful employment through rehabilitative services.

For more information on CVRS, please visit their website at www.cvrsinc.com.

Department Efforts

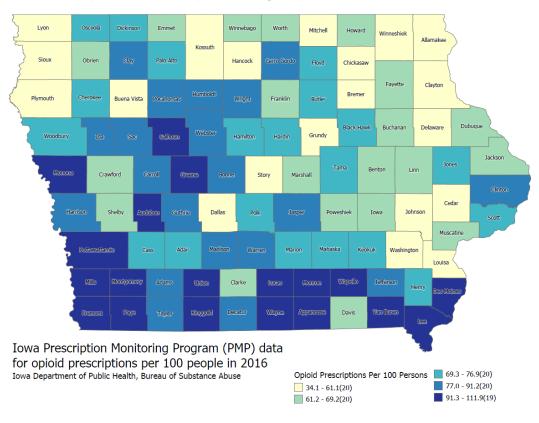
Naloxone Availability for Law Enforcement

IDPH and the Department of Administrative Services (DAS) have created a "master agreement" that authorizes public agencies to purchase Naloxone at the reduced rate of \$75. Because some law enforcement agencies do not have access to the required medical provider needed in order to purchase Naloxone through the agreement, State Medical Director Dr. Patricia Quinlisk has agreed to authorize the purchase of Naloxone for law enforcement agencies that meet criteria.

To submit an application to DAS, please contact Kathy Harper at kathy.harper2@iowa.gov. For any other questions, please contact Kevin Gabbert at kevin.gabbert@idph.iowa.gov.

Iowa Prescription Monitoring Program (PMP)

In collaboration with the Iowa Board of Pharmacy, IDPH has been reviewing data from the state's Prescription Monitoring Program (PMP) regarding opioid prescribing patterns and use. The map below outlines opioid prescriptions per 100 people in Iowa for 2016. As shown, some of the highest per capita rates exist in the southern part of the state. In addition, this part of the state has the fewest number of Buprenorphine waivered physicians and some of the Iowest numbers of substance use disorder treatment admissions. IDPH intends to assist these counties, and the rest of the state, through the needs assessment and strategic planning processes being funded and implemented as part of IDPH's Opioid STR grant.



For more information on the Opioid STR grant, please contact Monica Wilke-Brown at monica.wilke-brown@idph.iowa.gov.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)

The Strategic Prevention Framework for Prescription Drugs (SPF Rx) request for proposals (RFP) was released, with eight counties eligible to apply based on indicators determined by IDPH's State Epidemiological Workgroup. The eligible counties were Appanoose, Clarke, Jasper, Lucas, Polk, Scott, Wapello, and Woodbury. The indicators used to determine these counties were opioid-related deaths (2010-2015), opioid-related poisoning hospital admissions (2011-2015), opioid-related treatment admissions (2015-2016), and Iowa Youth Survey results for misuse of prescription drugs (2016). Applications were due August 4. Notice of intent to award will be made September 8, with an award start date of October 1, 2017.

Goals of the Iowa SPF Rx:

- Apply the Strategic Prevention Framework (SPF) model to address the prevention priority of reducing the misuse of prescription drugs.
- Raise awareness about the dangers of sharing medications with youth ages 12-17 and adults 18 years and older.
- Work with pharmaceutical and medical communities to address the risks of overprescribing to young adults.
- Raise community awareness and implement evidence-based environmental strategies to address prescription drug misuse to schools, communities, parents, prescribers, and their patients.

The SPF represents a five-step, data-driven process used to 1) assess needs, 2) build capacity and get stakeholders in place, 3) engage in a strategic planning process with stakeholders, 4) implement a strategic plan, and 5) evaluate processes and outcomes. Cultural competency and sustainability are focus areas across all five SPF steps.

For more information or questions about SPF Rx, please contact Janet Nelson, project director <u>janet.nelson@idph.iowa.gov</u>.

Opioid News

White House Panel Recommends Declaring National Emergency on Opioids*

Last week, President Trump's commission on the opioid crisis asked him to declare a national emergency to deal with the epidemic. The members of the bipartisan panel called the request their "first and most urgent recommendation."

"With approximately 142 Americans dying every day, America is enduring a death toll equal to September 11th every three weeks," the commission members wrote, referring to the 9/11 terrorist attacks. "Your declaration would empower your cabinet to take bold steps and would force Congress to focus on funding and empowering the executive branch even further to deal with this loss of life."

In addition to seeking an emergency declaration, the commission proposed waiving a federal rule that sharply limits the number of Medicaid recipients who can receive residential addiction treatment.

*This article was adapted from the New York Times.